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TO:	Examiner Pierre L. Desir		DATE:	December 21, 2006
	U.S. Patent and Trademark Office Group Art Unit 2617	,		
FRO	A: John P. Scherlacher	•	TIME:	
FROM:	Voice: (310) 785-4764 Fax: (310) 785-4600			
	jpscherlacher@hhlaw.com	0		
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MESSAGE:

RE: U.S. Patent Application Serial No. 09/603,184 filed June 26, 2000 Applicant: Hirohisa SUZUKI, et al.; For: NOISE CANCEL CIRCUIT

Attached is a copy of: 1). Amendment; 2). Letter of Transmittal, 3). IDS with 1 Reference, and 4). Request For Continued Examination (RCE) Transmittal.

John P. Scherlacher, Reg. No. 23,009Direct Phone No. (310) 785-4764

	FOR INTERNAL PURPOSES ONLY	
TELECOPY/FAX NUMBER:	(571) 273-8300	
CLIENT NUMBER:	81784,0211	
ATTORNEY BILLING NUMBER:	71931	
CONFIRMATION NUMBER:	(571) 272-7799	

CENTRAL FAX CENTER

FORM PTO-1083

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Patent 81784.0211

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re applica	ation of:
Hirohisa SL	IZUKI, et al.
Serial No:	09/603,184
Filed: June	
For	NOISE CANCEL CIRCUIT

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Examiner:

December 21, 2006

John P. Scheriacher, Reg. No. 23,009

Desir, Pierre Louis

Signature

Date

Dear Sir.

Transmitted herewith is an amendment in the above-identified application.

An Information Disclosure Statement (IDS) with PTO 1449 Form including 1 reference are enclosed.

Request For Continued Examination (RCE) Transmittal.

No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) (Col. 2) CLAIMS REMAINING HIGHEST NUMBER AFTER AMENDMENT PREVIOUSLY PAID FOR			(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE		
TOTAL CLAIMS FEE	12	-20	20		Ó	LG=\$50 \$M=\$25	\$	٥
INDEPENDENT CLAIMS FEE	1	-3	3	. ***	0	LG=\$200 SM=\$100 \$200	\$	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) \$250 FOR EACH ADDITIONAL 50 SHEETS							\$	0
							5	o
	 -					TOTAL	\$	Q

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filled.

A check in the amount of \$-0- to cover the additional claims fee is enclosed. A copy of this sheet is enclosed. A check in the amount of \$_-0-_ to cover the extension fee is enclosed. A copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is

enciosed. Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims 図

Any patent application processing fees under 37 C.F.R. 1.17 X

Respectfully submitted,

HOGAN & HARTSON L.L.P.

John P. Søherlacher Registration No. 23,009

Attorney for Applicant(s)

Date: December 21, 2006

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